

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF DELAWARE**

In re:

FTX Trading Ltd., *et al.*,<sup>1</sup>

Debtors.

Chapter 11

Case No. 22-11068 (JTD)

(Jointly Administered)

**SUPPLEMENTAL GLOBAL NOTES REGARDING THE  
DEBTORS' AMENDED SCHEDULES OF ASSETS AND LIABILITIES**

FTX Trading Ltd. and its affiliated debtors and debtors-in-possession (collectively, the “Debtors”), are filing amended Schedule F of Assets and Liabilities of certain Debtors (each an “Amended Schedule F” and collectively with attachments, the “Amended Schedule Fs”) in the United States Bankruptcy Court for the District of Delaware (the “Court”) pursuant to section 521 of title 11 of the United States Code (the “Bankruptcy Code”) and rule 1007 of the Federal Rules of Bankruptcy Procedure (the “Bankruptcy Rules”).

On March 14, March 15 and March 27, 2023, the Debtors filed Schedules of Assets and Liabilities (the “Initial Schedules”), Statements of Financial Affairs (the “Initial Statements”) and their accompanying Global Notes (the “Initial Global Notes”) with the Court [D.I. 865-1083, D.I. 1166]. On June 27, 2023, the Debtors filed amended Schedule F of Assets and Liabilities of certain Debtors (the “Initial Amended Schedule Fs”) and Supplemental Global Notes regarding the Amended Schedules (the “Supplemental Global Notes”) [D.I. 1729-1766]. On July 31, 2023, the Debtors unredacted certain information in the Initial Schedules and Initial Statements for certain Debtors [D.I. 1985-2097], in accordance with the Court’s order entered on June 15, 2023 [D.I. 1634]. On August 31, 2023 the Debtors amended the Initial Statements (the “Amended Statements”) and the Initial Schedules (the “Amended Schedules”) and filed accompanying Global Notes (the “Amended Global Notes”) [D.I. 2285-2408].

These Supplemental Global Notes are in addition to, and do not amend, supersede or replace, other than to the extent expressly set forth herein, the Initial Schedules, the Initial Statements, the Initial Global Notes, the Initial Amended Schedule Fs, the Supplemental Global Notes, the Amended Statements, the Amended Schedules or the Amended Global Notes. Each Amended Schedule F amends certain of the Customer Liabilities listed in the Initial Amended Schedule F of the applicable Debtor. These further Amended Global Notes incorporate the Initial

<sup>1</sup> The last four digits of FTX Trading Ltd.’s and Alameda Research LLC’s tax identification number are 3288 and 4063 respectively. Due to the large number of debtor entities in these Chapter 11 Cases, a complete list of the Debtors and the last four digits of their federal tax identification numbers is not provided herein. A complete list of such information may be obtained on the website of the Debtors’ claims and noticing agent at <https://cases.ra.kroll.com/FTX>. The principal place of business of Debtor Emergent Fidelity Technologies Ltd is Unit 3B, Bryson’s Commercial Complex, Friars Hill Road, St. John’s, Antigua and Barbuda.

Global Notes, the Supplemental Global Notes, the Amended Statements, the Amended Schedules or the Amended Global Notes by reference, other than to the extent expressly set forth herein.

The Debtors prepared the Amended Schedule Fs with the assistance of their advisors. In preparing the Amended Schedule Fs, the Debtors and their advisors relied on financial data derived from their books and records that was available and accessible at the time of preparation. The Amended Schedule Fs remain subject to further review and adjustment to reflect the Debtors' ongoing reconciliation efforts. As such, the Debtors reserve all of their rights, including to revise, amend, supplement and/or adjust the Debtors' schedules of assets and liabilities and statements of financial affairs, including to characterize any of the Customer Liabilities listed in Amended Schedule Fs as contingent, unliquidated or disputed.

### **Disclosures Applicable to the Amended Schedules**

1. Certain claim holders on the Initial Amended Schedule Fs are listed as "Customers." The quantities and amounts scheduled for these Customers include the estimated account balance for each Customer, listed in the applicable digital or fiat asset for that balance, based on the Debtors' books and records. There are three changes in the Initial Amended Schedule Fs:
  - a) At the time of the filing of the Initial Amended Schedule Fs, the Debtors designated certain customer liabilities as "contingent" because the liabilities listed for these customer included one or more locked tokens. The Amended Schedule Fs remove the "contingent" designations from such customer liabilities where the sole reason for the "contingent" designation was because of one or more locked tokens.
  - b) The Amended Schedule Fs are updated to remove the contingent designation related to certain non-fungible tokens previously scheduled by the Debtors.
  - c) The Amended Schedule Fs are updated to reflect liabilities relating to over-the-counter trading feature of the FTX exchange.
2. While the Debtors have made every reasonable effort to ensure that the Amended Schedules are accurate and complete, based upon the information that was available to them at the time of preparation, inadvertent errors or omissions may exist and the subsequent receipt of information and/or further review and analysis of the Debtors' books and records may result in changes to financial data and other information contained in the Amended Schedules and/or the Initial Schedules.
3. As noted in the Initial Global Notes, in order to preserve the confidentiality of customer identities and compliance with the *Order Authorizing the Movants to Redact or Withhold Certain Confidential Information of Customers and Personal Information of Individuals* [D.I. 1643], customers were scheduled utilizing an unique, individualized customer identification number (each, a "Customer Code") assigned to each applicable customer by the Debtors. The Debtors provided notice of a customer's Customer Code by email to the email on file for such customer.

The Debtors did not change any of the Customer Codes in the Amended Schedules. Customers should refer to their previously received Customer Code to determine their scheduled amounts in the Amended Schedules.

4. For the avoidance of doubt, the Debtors reserve all rights to object to all claims listed on the Amended Schedules, the Statements and the Initial Schedules.

**Fill in this information to identify the case:**Debtor West Realm Shires Services Inc.United States Bankruptcy Court for the: District of DelawareCase number 22-11071 (JTD)  
(If known)☒ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B)* and on *Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*. Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.  
☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1 Priority creditor's name and mailing address**

Alabama Department of Revenue  
 Business Privilege Tax Section  
 P.O. Box 327320  
 Montgomery, AL 36132-7320

**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Total claim**\$ Undetermined**Priority amount**\$ Undetermined**Basis for the claim:** Franchise Tax**Date or dates debt was incurred**

Undetermined

**Last 4 digits of account number****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.2 Priority creditor's name and mailing address**

ATTORNEY GENERAL OF THE STATE OF  
 TENNESSEE  
 BANKRUPTCY DIVISION  
 PO 20207  
 NASHVILLE, TN 37202

**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

\$ Undetermined\$ Undetermined**Basis for the claim:** Corporate Tax**Date or dates debt was incurred**

Undetermined

**Last 4 digits of account number****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.3 Priority creditor's name and mailing address**

Attorney General of the State of Tennessee  
 Bankruptcy Division  
 PO 20207  
 Nashville, TN 37202

**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

\$ Undetermined\$ Undetermined**Basis for the claim:** Franchise Tax**Date or dates debt was incurred**

Undetermined

**Last 4 digits of account number****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.4 Priority creditor's name and mailing address**

\$ 15,191.00 \$ Undetermined

CECCHETTINI, FABRIZIO  
ADDRESS ON FILE

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Employee Expense Reimbursements

**Last 4 digits of account  
number**

**Specify Code subsection of PRIORITY unsecured  
claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.5 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

City and County of Denver  
Treasury Division  
PO Box 660860  
Dallas, TX 75266-0860

**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Occupational Privilege Tax

**Last 4 digits of account  
number**

**Specify Code subsection of PRIORITY unsecured  
claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.6 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

City of Chicago Department of Finance  
333 South State Street  
Chicago, IL 60604

**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Personal Property Lease Transaction Tax

**Last 4 digits of account  
number**

**Specify Code subsection of PRIORITY unsecured  
claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.7 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Commonwealth of Massachusetts: Department of  
Revenue Bankruptcy Unit/Collections Bureau  
100 Cambridge St 7th Fl  
PO Box 7090  
Boston, MA 02204-7090

**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Sales and Use Tax

**Last 4 digits of account  
number**

**Specify Code subsection of PRIORITY unsecured  
claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.8 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Department of Revenue Services  
PO Box 5089  
Hartford, CT 60607-5089

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Corporate Income Tax

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.9 Priority creditor's name and mailing address**

\$ 16,959.11 \$ Undetermined

Ege Mihmanli  
ADDRESS ON FILE

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Employee Expense Reimbursements

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.10 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Employment Development Department  
Bankruptcy Group MIC 92E  
PO Box 826880  
SACRAMENTO, CA 94280-0001

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Employment Taxes

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.11 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Employment Development Department  
Bankruptcy Group MIC 92E  
PO Box 826880  
SACRAMENTO, CA 94280-0001

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Unemployment Insurance Tax

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.12 **Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Franchise Tax Board  
Bankruptcy Section MS A340  
PO Box 2952  
Sacramento, CA 95812-2952

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Employment Taxes**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2.13 **Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Franchise Tax Board  
Bankruptcy Section MS A340  
PO Box 2952  
Sacramento, CA 95812-2952

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Business License**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2.14 **Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Hawaii Department of Taxation  
P.O. Box 1425  
Honolulu, HI 96806

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** General Excise Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2.15 **Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Indiana Department of Revenue  
Bankruptcy Section: MS 108  
100 North Senate Ave, IGCN 240  
Indianapolis, IN 46204

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Income Tax Withholding**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.16 **Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

INTERNAL REVENUE SERVICE  
1616 CAPITOL AVE.  
OMAHA, NE 68102-4970

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Undetermined

**Basis for the claim:** Income Tax Audit FYE 2020

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**  
☒ No  
☐ Yes

2.17 **Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Internal Revenue Service  
Centralized Insolvency Operations  
P.O. Box 7346  
Philadelphia, PA 19101-7346

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Undetermined

**Basis for the claim:** Employment Tax

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**  
☒ No  
☐ Yes

2.18 **Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Internal Revenue Service  
Centralized Insolvency Operations  
P.O. Box 7346  
Philadelphia, PA 19101-7346

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Undetermined

**Basis for the claim:** Income Tax

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**  
☒ No  
☐ Yes

2.19 **Priority creditor's name and mailing address**

\$ 79.10 \$ Undetermined

KATZ, ELIORA  
ADDRESS ON FILE

**As of the petition filing date, the claim is:**  
*Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**  
Undetermined

**Basis for the claim:** Employee Expense Reimbursements

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.20 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Los Angeles Office of Finance Special Desk Unit  
200 North Spring Street  
Room 101  
Los Angeles, CA 90012

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Franchise Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.21 Priority creditor's name and mailing address**

\$ 17,810.48 \$ Undetermined

LYNN NGUYEN  
ADDRESS ON FILE

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Employee Expense Reimbursements**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.22 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Massachusetts Department of Revenue  
436 Dwight St STE 401  
Springfield, MA 01103

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Sales and Use Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.23 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

New York State Department of Labor  
STATE CAMPUS BLDG 12-RM 256  
ALBANY, NY 12240

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Unemployment Insurance Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.24 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

New York State Department of Taxation and Finance  
Bankruptcy Section  
P O Box 5300  
Albany, NY 12205-0300

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Sales and Use Tax

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.25 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

NYS DEPT OF TAXATION AND FINANCE  
BANKRUPTCY UNIT  
PO BOX 5300  
ALBANY, NY 12205-0300

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Income Tax Withholding

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.26 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

NYS DEPT OF TAXATION AND FINANCE  
BANKRUPTCY UNIT  
PO BOX 5300  
ALBANY, NY 12205-0300

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Workers' Compensation Tax

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.27 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Office of Tax and Revenue  
1101 4th Street, SW, Suite 270  
Washington, DC 20024

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Sales and Use Tax

**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.28 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

OHIO DEPARTMENT OF TAXATION  
4485 NORTHLAND RIDGE BLVD  
COLUMBUS, OH 43229

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Sales and Use Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.29 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Ohio Department of Taxation  
Commercial Activity Tax  
P.O. BOX 16158  
Columbus, OH 43216-6158

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Gross Receipts Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.30 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Oklahoma Employment Security Commission  
OESC — Legal Dept.  
PO Box 53039  
OKLAHOMA CITY, OK 73152-3039

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Unemployment Insurance Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.31 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

Oklahoma Tax Commission  
Corporate Income Tax  
Oklahoma City, OK 73194

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Franchise Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.32 Priority creditor's name and mailing address**

\$ 1,108.43 \$ Undetermined

PALAPARTHI, VENU MADHAV  
ADDRESS ON FILE

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Employee Expense Reimbursements

**Last 4 digits of account  
number**

**Specify Code subsection of PRIORITY unsecured  
claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.33 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

RI DIVISION OF TAXATION  
BANKRUPTCY DIVISION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Corporate Income Tax

**Last 4 digits of account  
number**

**Specify Code subsection of PRIORITY unsecured  
claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.34 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

SAN FRANCISCO OFFICE OF THE TREASURER &  
TAX COLLECTOR  
1 DR. CARLTON B. GOODLETT PLACE  
CITY HALL, ROOM 190  
SAN FRANCISCO, CA 94102-4698

**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Gross Receipts Tax

**Last 4 digits of account  
number**

**Specify Code subsection of PRIORITY unsecured  
claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.35 Priority creditor's name and mailing address**

\$ 9,727.59 \$ Undetermined

SEBASTIAN RAMIREZ  
ADDRESS ON FILE

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Employee Expense Reimbursements

**Last 4 digits of account  
number**

**Specify Code subsection of PRIORITY unsecured  
claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.36 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

South Carolina Department of Revenue  
P.O. Box 125  
Columbia, SC 29214-0032

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Franchise Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.37 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

State Board of Equalization  
Special Procedures Section, MIC: 55  
PO Box 942879  
Sacramento, CA 94279

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Business License**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.38 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

State of Florida Department of Revenue  
Bankruptcy Section  
PO Box 6668  
Tallahassee, FL 32314-6668

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Unemployment Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.39 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

STATE OF HAWAII DEPARTMENT OF TAXATION  
BANKRUPTCY UNIT  
PO BOX 259  
HONOLULU, HI 96809

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Income Tax Withholding**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.40	<b>Priority creditor's name and mailing address</b> STATE OF HAWAII DEPARTMENT OF TAXATION BANKRUPTCY UNIT PO BOX 259 HONOLULU, HI 96809  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> General Excise Tax  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined	\$ Undetermined
2.41	<b>Priority creditor's name and mailing address</b> State of Louisiana Department of Revenue Bankruptcy Division PO Box 66658 Baton Rouge, LA 70896  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Corporate Income Tax  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined	\$ Undetermined
2.42	<b>Priority creditor's name and mailing address</b> State of Maine Bureau of Revenue Services Compliance Division: Bankruptcy Unit PO Box 9101 Augusta, ME 04332-9101  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Corporate Income Tax  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined	\$ Undetermined
2.43	<b>Priority creditor's name and mailing address</b> STATE OF NEW JERSEY DIVISION OF TAXATION COMPLIANCE ACTIVITY: BANKRUPTCY DIVISION 50 BARRACK, PO BOX 245 TRENTON, NJ 08695  <b>Date or dates debt was incurred</b> Undetermined  <b>Last 4 digits of account number</b> <b>Specify Code subsection of PRIORITY unsecured claim:</b> 11 U.S.C. § 507(a) ()	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> Corporate Tax  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$ Undetermined	\$ Undetermined

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

**2.44 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

State of Ohio Department of Taxation  
Bankruptcy Division  
PO Box 530  
Columbus, OH 43216-50530

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Unemployment Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.45 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

STATE OF WASHINGTON DEPT OF REVENUE  
BANKRUPTCY DIVISION  
2101 4TH AVE, SUITE #1400  
SEATTLE, WA 98121-2300

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Workers' Compensation Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.46 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

State of Washington Dept of Revenue  
Bankruptcy Division  
2101 4th Ave, Suite #1400  
Seattle, WA 98121-2300

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** State Unemployment Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**2.47 Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS  
LYNDON B. JOHNSON STATE OFFICE BUILDING  
111 EAST 17TH STREET  
AUSTIN, TX 78774

**As of the petition filing date, the claim is:**

Check all that apply.

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Sales and Use Tax**Last 4 digits of account number**

**Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

**Part 1: Additional Page**

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2.48 **Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

WA Department of Revenue  
P.O. Box 47460  
Olympia, WA 98504

**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Sales and Use Tax**Last 4 digits of account number****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2.49 **Priority creditor's name and mailing address**

\$ Undetermined \$ Undetermined

WA Department of Revenue  
P.O. Box 47464  
Olympia, WA 98504-7464

**As of the petition filing date, the claim is:***Check all that apply.*

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

**Date or dates debt was incurred**

Undetermined

**Basis for the claim:** Gross Receipts Tax**Last 4 digits of account number****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()**Is the claim subject to offset?**

- ☒ No  
☐ Yes

2.50 **Priority creditor's name and mailing address**

\$ \$

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()**Is the claim subject to offset?**

- ☐ No  
☐ Yes

2.51 **Priority creditor's name and mailing address**

\$ \$

**As of the petition filing date, the claim is:***Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Date or dates debt was incurred****Basis for the claim:****Last 4 digits of account number****Specify Code subsection of PRIORITY unsecured claim:** 11 U.S.C. § 507(a) ()**Is the claim subject to offset?**

- ☐ No  
☐ Yes

Name

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> Customer Liabilities - See Schedule F Attachments	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Customer Liabilities	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b>  <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> 101 SECOND STREET INC C/O HINES ATTN: PROPERTY MANAGER 101 SECOND STREET, SUITE 1225 SAN FRANCISCO, CA 94105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Real Property Lease	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> ABG SHAQ, LLC 1411 BROADWAY 21ST FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ENDORSEMENT AGREEMENT	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> AC HOTELS BY MARRIOTT AUSTIN-UNIVERSITY 1901 SAN ANTONIO STREET AUSTIN, TX 78705	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ _____ 38,760.92
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> ALAMEDA RESEARCH LLC 3500 SOUTH DUPONT HIGHWAY DOVER, DE 19901	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Payable - Alameda Research LLC	\$ _____ 22,481,706.39
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> ALAMEDA RESEARCH LTD TORTOLA PIER PARK BUILDING 1, SECOND FLOOR, WICKHAMS CAY 1 BRITISH VIRGIN ISLANDS	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Payable - Alameda Research Ltd	\$ _____ 138,853,863.95
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	<b>Nonpriority creditor's name and mailing address</b> ALPACA CRYPTO LLC 3 EAST THIRD AVE SUITE 233 SAN MATEO, CA 94401	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 63,164.50
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	<b>Nonpriority creditor's name and mailing address</b> AMAZON 410 TERRY AVENUE NORTH SEATTLE, WA 98109	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,038.41
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	<b>Nonpriority creditor's name and mailing address</b> AMAZON CAPITAL PO BOX 035184 SEATTLE, WA 98124	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 11,156.96
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	<b>Nonpriority creditor's name and mailing address</b> AMERICAN EXPRESS, INC. 200 VESEY ST., 50TH FLOOR NEW YORK, NY 10285	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 760,803.02
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	<b>Nonpriority creditor's name and mailing address</b> AMPLITUDE INC 201 3RD ST., SUITE 200 SAN FRANCISCO, CA 94103	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ Undetermined
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	<b>Nonpriority creditor's name and mailing address</b> ANDROMEDA WEST 159TH STREET SUITE 600 LOCKPORT, IL 60441	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 6,554.29
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	<b>Nonpriority creditor's name and mailing address</b> ANDY ACOSTA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 10,105.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	<b>Nonpriority creditor's name and mailing address</b> ARMANINO LLP 12657 ALCOSTA BLVD. SUITE 500 SAN RAMON, CA 94583	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 900.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	<b>Nonpriority creditor's name and mailing address</b> Basketball Properties, Ltd. Attention: John Vidalin, EVP/COO 601 Biscayne Blvd Miami, FL 33132	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Facilitation Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	<b>Nonpriority creditor's name and mailing address</b> BLOCKSCORE, INC. 750 BUCKAROO TRAIL, SUITE 101 SISTERS, OR 97759	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 26,639.34
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	<b>Nonpriority creditor's name and mailing address</b> BORTSTEIN LEGAL GROUP TEMPORARY MAILING ADDRESS P. O. BOX 120 WESTWOOD, NJ 07675	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 20,527.50
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	<b>Nonpriority creditor's name and mailing address</b> BRAZE INC. 330 W. 34TH ST., 18TH FLOOR NEW YORK, NY 10001	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 34,848.40
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	<b>Nonpriority creditor's name and mailing address</b> BRETT HARRISON ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Employee Settlement Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	<b>Nonpriority creditor's name and mailing address</b> BUCKLEY LLP PO BOX 990 NEW YORK, NY 10008-0990	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 7,887.61
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	<b>Nonpriority creditor's name and mailing address</b> CAA SPORTS 2000 AVENUE OF THE STARS LOS ANGELES, CA 90067	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 250,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.22	<b>Nonpriority creditor's name and mailing address</b> Caesars Palace Las Vegas Hospitality Accounting PO Box 96118 Las Vegas, NV 89193	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Letter of Agreement - Las Vegas Grand Prix - F1 Las Vegas	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.23	<b>Nonpriority creditor's name and mailing address</b> CHECKR.COM 1 Montgomery St Ste 2400 San Francisco, CA 94104	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 74.99
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.24	<b>Nonpriority creditor's name and mailing address</b> COINDESK INC 250 PARK AVENUE SOUTH, 5TH FLOOR NEW YORK, NY 10003	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 80,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.25	<b>Nonpriority creditor's name and mailing address</b> COLOMATICS LLC 1011 WEST RAILROAD AVE, SUITE 100 SPOKANE, WA 99201	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 982,013.10
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	<b>Nonpriority creditor's name and mailing address</b> CONAWAY GRAVES GROUP 700 PENNSYLVANIA AVE SE 2ND FLOOR WASHINGTON, DC 20003	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 15,109.19
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.27	<b>Nonpriority creditor's name and mailing address</b> COTTONWOOD GROVE LTD 2 PACIFIC PLACE UNIT 3532-36, 88 QUEENSWAY HONG KONG, CHINA	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Payable - Cottonwood Grove Ltd	\$ 68,055.75
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	<b>Nonpriority creditor's name and mailing address</b> Creator Agency LLC on behalf of The Ice Coffee Hour 30 Gould St Sheridan, WY 82801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.29	<b>Nonpriority creditor's name and mailing address</b> CREATORS AGENCY LLC 30 GOULD ST SHERIDAN, WY 82801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement (Graham Stephan)	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.30	<b>Nonpriority creditor's name and mailing address</b> CRYPTO HOPPER JOHAN VAN HASSELTWEG 18A 1021NW AMSTERDAM, NETHERLANDS	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 624.01
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	<b>Nonpriority creditor's name and mailing address</b> DAVID ORTIZ ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PARTNERSHIP AND ENDORSEMENT SERVICES AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.32	<b>Nonpriority creditor's name and mailing address</b> DENTSU X 150 EAST 42ND ST, 13TH FLOOR NEW YORK, NY 10017	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 196,252.09
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.33	<b>Nonpriority creditor's name and mailing address</b> DONE DEAL PROMOTIONS 8224 LEHIGH AVENUE MORTON GROVE, IL 60053	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 10,374.89
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.34	<b>Nonpriority creditor's name and mailing address</b> DOORDASH 116 NEW MONTGOMERY STREET SAN FRANCISCO, CA 94105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 25,347.95
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	<b>Nonpriority creditor's name and mailing address</b> DOORDASH TECHNOLOGIES CANADA, INC. PO BOX 12172, STATION A TORONTO, ON M5W 0K5 CANADA	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 521.86
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.36	<b>Nonpriority creditor's name and mailing address</b> DREAMFIELD SPORTS LLC 6900 TAVISTOCK LAKES BLVD ORLANDO, FL 32827	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 28,788.33
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.37	<b>Nonpriority creditor's name and mailing address</b> DUANE MORRIS 401 MARKET STREET PHILADELPHIA, PA 19106	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 58,146.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	<b>Nonpriority creditor's name and mailing address</b> ECHO MARKETING, LLC 6400 HOLLIS STREET SUITE 14 EMERYVILLE, CA 94608	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Letter Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39	<b>Nonpriority creditor's name and mailing address</b> ELITE PROTECTION LLC 8935 SW 162ND TERRACE MIAMI, FL 33157	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 75,753.12
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.40	<b>Nonpriority creditor's name and mailing address</b> EMPIRE CONSULTING 1717 K STREET NW SUITE 900 WASHINGTON, DC 20006	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 30,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.41	<b>Nonpriority creditor's name and mailing address</b> ERIKA KULLBERG LLC 30 N GOULD ST 22721 SHERIDAN, WY 82801	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ Undetermined
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.42	<b>Nonpriority creditor's name and mailing address</b> ETHOCA MASTERCARD ANDRE EDELBROCK, CHIEF EXECUTIVE OFFICER OCEANIA BUSINESS PLAZA PURCHASE, NY 10577-2509	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 15,868.66
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.43	<b>Nonpriority creditor's name and mailing address</b> FACEBOOK, INC 1601 WILLOW RD. MENLO PARK, CA 94025	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 818.91
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.44	<b>Nonpriority creditor's name and mailing address</b> FIGMA, INC. 760 MARKET STREET FLOOR 10 SAN FRANCISCO, CA 94102	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 455.25
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.45	<b>Nonpriority creditor's name and mailing address</b> FINDER.COM LLC 32 EAST 31ST STREET, 4TH FLOOR NEW YORK, NY 10016	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,607.67
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.46	<b>Nonpriority creditor's name and mailing address</b> FISHER PHILLIPS 1075 PEACHTREE STREET NE SUITE 3500 ATLANTA, GA 30309	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,823.89
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.47	<b>Nonpriority creditor's name and mailing address</b> FORTUNE MEDIA, INC. D/B/A OPENFORTUNE 244 MADISON AVENUE SUITE #1552 NEW YORK, NY 10016	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SPONSORSHIP AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.48	<b>Nonpriority creditor's name and mailing address</b> FOX SPORTS SUN, LLC 500 E. BROWARD SUITE 1300 FORT LAUDERDALE, FL 33394	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Advertising Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.49	<b>Nonpriority creditor's name and mailing address</b> FTX CAPITAL MARKETS LLC 80 Broad Street 5th Flr New York, NY 10004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Payable - FTX Capital Markets LLC	\$ 113,900.45
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.50	<b>Nonpriority creditor's name and mailing address</b> FTX TRADING LTD. 10-11 MANDOLIN PLACE, FRIARS HILL ROAD ST. JOHN'S AG-04, ANTIGUA & BARBUDA	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Payable - FTX Trading Ltd.	\$ 33,426,651.03
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.51	<b>Nonpriority creditor's name and mailing address</b> GOLDEN STATE WARRIORS 1 WARRIORS WAY SAN FRANCISCO, CA 94158	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.52	<b>Nonpriority creditor's name and mailing address</b> GOOGLE DELAINE PRADO, GENERAL COUNSEL 1600 AMPHITHEATRE PKWY MOUNTAIN VIEW, CA 94043	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ Undetermined
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.52	<b>Nonpriority creditor's name and mailing address</b> HINMAN STRAUB 121 STATE STREET ALBANY, NY 12207	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 16,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.53	<b>Nonpriority creditor's name and mailing address</b> HIVE ( COIN STACK ) 8440 VALMONT RD BOULDER, CO 80301	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 10,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.54	<b>Nonpriority creditor's name and mailing address</b> HOLLAND & KNIGHT LLP PO BOX 936937 ATLANTA, GA 31193-6937	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 201,744.76
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55	<b>Nonpriority creditor's name and mailing address</b> I2C IN. 100 REDWOOD SHORES PARKWAY SUITE 100 REDWOOD CITY, CA 94065	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 0.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.57	<b>Nonpriority creditor's name and mailing address</b> INSIGHT DIRECT USA INC 2701 E INSIGHT WAY CHANDLER, AZ 85286	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 49.87
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.58	<b>Nonpriority creditor's name and mailing address</b> IPOWER TECHNOLOGIES, INC. 6111 BROKEN SOUND PKWY. SUITE 170 BOCA RATON, FL 33487	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 6,755.69
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.59	<b>Nonpriority creditor's name and mailing address</b> JAMS P.O. BOX 845402 LOS ANGELES, CA 90084	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,494.40
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.60	<b>Nonpriority creditor's name and mailing address</b> JOSEPHINE SUN ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Litigation Judgment / Settlement	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.61	<b>Nonpriority creditor's name and mailing address</b> JULIE SCHOENING ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> Threatened Litigation	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.62	<b>Nonpriority creditor's name and mailing address</b> KIMBALL STROUD AND ASSOCIATES, INC. 1700 CONNECTICUT AVE, NW STE 301 WASHINGTON, DC 20009	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 3,333.33
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	<b>Nonpriority creditor's name and mailing address</b> LATTE LARRY INC. 11812 SAN VICENTE BOULEVARD 4TH FL LA, CA 90049	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PARTNERSHIP AND ENDORSEMENT SERVICES AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.64	<b>Nonpriority creditor's name and mailing address</b> Laureus / NO Play Academy 460 Fulham Road London SW6 1BZ UNITED KINGDOM	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> GIFT AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.65	<b>Nonpriority creditor's name and mailing address</b> LEDGER HOLDINGS INC. 1110 BRICKELL AVE SUITE 430K-200 MAMI, FL 33131	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Payable - Ledger Holdings Inc.	\$ 538.14
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66	<b>Nonpriority creditor's name and mailing address</b> LEXIS NEXIS 28330 NETWORK PLACE CHICAGO, IL 60673	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 13,200.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.67	<b>Nonpriority creditor's name and mailing address</b> LFG NFTS, Corp. 3130 Wilshire Blvd. 4th Floor Santa Monica, CA 90403	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> MUTUAL SERVICES AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68	<b>Nonpriority creditor's name and mailing address</b> LINCOLN HOLDINGS LLC DBA MONUMENTAL SPORTS & ENTERTAINMENT ATTN: PATRICK DUFFY, SR. VICE PRESIDENT CORPORATE PARTNERSHIPS 601 F STREET, NW WASHINGTON, DC 20004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.69	<b>Nonpriority creditor's name and mailing address</b> LOCKTON INSURANCE BROKERS, LLC DEPT LA 23878 MOSCOW CITY, CA 91185-3878	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 40,801.63
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.70	<b>Nonpriority creditor's name and mailing address</b> LOWENSTEIN SANDLER LLP ONE LOWENSTEIN DRIVE ROSELAND, NJ 07068	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 46,548.33
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.71	<b>Nonpriority creditor's name and mailing address</b> LUCILE THYRARD ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 6,720.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.72	<b>Nonpriority creditor's name and mailing address</b> LUMEN WORKPLACE, INC 1528 W. ADAMS 4A CHICAGO, IL 60607	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 18,777.66
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.73	<b>Nonpriority creditor's name and mailing address</b> LUNCH MONEY GROUP INC 120 SW 8TH STREET SUITE A MIAMI, FL 33130	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Podcast Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.74	<b>Nonpriority creditor's name and mailing address</b> MACLAURIN INVESTMENTS LTD. F20 EDEN PLAZA 1ST FLOOR EDEN ISLAND, SEYCHELLES	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Payable - Maclaurin Investments Ltd.	\$ 399,711.21
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.75	<b>Nonpriority creditor's name and mailing address</b> MAX MAHER SHOW LLC 954 AVE PONCE DE LEON STE 205 PMB 10290 SAN JUAN, PR 00907	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 27,600.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	<b>Nonpriority creditor's name and mailing address</b> MEOW TECHNOLOGIES INC. 1504 Bay Rd Apt 2303 Miami, FL 33139	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 218.13
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.77	<b>Nonpriority creditor's name and mailing address</b> MESSAGE GLOBAL LLC 700 PENNSYLVANIA AVE. SE 2ND FLOOR WASHINGTON, DC 20003	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 27,355.12
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.78	<b>Nonpriority creditor's name and mailing address</b> META PLATFORMS, INC. 1601 WILLOW RD MENLO PARK, CA 94025	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,006,364.64
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.79	<b>Nonpriority creditor's name and mailing address</b> MIAMI HEAT LIMITED PARTNERSHIP ATTN: JOHN VIDALIN EXECUTIVE VICE PRESIDENT & CHIEF COMMERCIAL OFFICER 601 BISCAYNE BOULEVARD MIAMI, FL 33132	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Advertising and Promotion Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.80	<b>Nonpriority creditor's name and mailing address</b> MIAMI-DADE COUNTY COUNTY MAYOR'S OFFICE 111 NW 1ST STREET, 29TH FLOOR, SUITE 2910 MIAMI, FL 33128	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Naming Rights Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.81	<b>Nonpriority creditor's name and mailing address</b> MICROSOFT 1 MICROSOFT WAY REDMOND, WA 98052	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 75.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.82	<b>Nonpriority creditor's name and mailing address</b> MILLER STARR REGALIA ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 627.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	<b>Nonpriority creditor's name and mailing address</b> MOONCOLONY LIMITED 17 THE GRANARY CHESTERTON MILL FRENCH'S ROAD CAMBRIDGE, CB4 3NP UNITED KINGDOM	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 38,612.50
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	<b>Nonpriority creditor's name and mailing address</b> MORRISON & FOERSTER LLP 425 Market Street San Francisco, CA 94105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 61,465.70
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.85	<b>Nonpriority creditor's name and mailing address</b> NAOMI OSAKA, LLC 2049 CENTURY PARK E. STE #1400 LA, CA 90067	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PARTNERSHIP AND ENDORSEMENT SERVICES AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.86	<b>Nonpriority creditor's name and mailing address</b> NATHAN SLOAN ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.87	<b>Nonpriority creditor's name and mailing address</b> NAVARREAU SIMMONS ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,620.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.88	<b>Nonpriority creditor's name and mailing address</b> Nerdwallet, Inc 55 Hawthorne Street 11th Floor San Francisco, CA 94105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> PARTNER REFERRAL AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.89	<b>Nonpriority creditor's name and mailing address</b> NORTH AMERICA LEAGUE OF LEGENDS CHAMPIONSHIP SERIES, LLC ATTN: MATTHEW ARCHAMBAULT 1233 W. OLYMPIC BLVD. LOS ANGELES, CA 90064	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.90	<b>Nonpriority creditor's name and mailing address</b> NORTH DIMENSION INC 3500 SOUTH DUPONT HIGHWAY DOVER, DE 19901	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Payable - North Dimension Inc	\$ 1,168,568.77
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.91	<b>Nonpriority creditor's name and mailing address</b> Ohana Experience, LLC. 2437 E Cobblestone Way Sandy, UT 84093	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> SPONSORSHIP AGREEMENT	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.92	<b>Nonpriority creditor's name and mailing address</b> ONE WORKPLACE L. FERRARI - DBA TWOFURNISH One Workplace L. Ferrari P.O. Box 8522 Pasadena,	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 238,468.24
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.93	<b>Nonpriority creditor's name and mailing address</b> PAPER BIRD INC 3500 SOUTH DUPONT HIGHWAY DOVER, DE 19901	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Payable - Paper Bird Inc	\$ 19,349,491.73
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.94	<b>Nonpriority creditor's name and mailing address</b> PATRIK BJORKSTROM ILLUSTRATION STAFFANSNASGRAND 8 JAKOBSTAD, 68600 FINLAND	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 1,400.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.95	<b>Nonpriority creditor's name and mailing address</b> Payblr, Inc. Fabio Garcia 403B German Moyer San Juan, PR 00918	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ Undetermined
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.96	<b>Nonpriority creditor's name and mailing address</b> Pentoshi ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

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Amount of claim

3.97	<b>Nonpriority creditor's name and mailing address</b> PERKINS COIE LLP RO BOX 24643 SEATTLE, WA 98124	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 22,734.74
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.98	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB03109600014 for the benefit of Financial Services Commission of the State of Florida as Head of the Office of Financial Regulation	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.99	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB00321300194 for the benefit of State of Colorado	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB03109600020 for the benefit of State of Idaho - Department of Finance - Consumer Finance Bureau	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.101	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB00321300196 for the benefit of State of Kansas	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Amount of claim

3.102	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB03109600019 for the benefit of Louisiana Office of Financial Institutions	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.103	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB00321300199 for the benefit of State of Texas	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.104	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB00321300201 for the benefit of State of New Jersey	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.105	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB00321300195 for the benefit of State of Indiana	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.106	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB00321300197 for the benefit of State of North Dakota	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.107	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB03109600022 for the benefit of State of Mississippi	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.108	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB00321300198 for the benefit of State of Ohio	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.109	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB03109600011 for the benefit of State of Washington	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.110	<b>Nonpriority creditor's name and mailing address</b> PHILADELPHIA INDEMNITY INSURANCE COMPANY ONE BALA PLAZA SUITE 100 BALA CYNWYLD, PA 19004	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: PB12611200019 for the benefit of Office of Lt. Gov. US VI	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.111	<b>Nonpriority creditor's name and mailing address</b> PLAID 564 MARKET ST SUITE 700 SAN FRANCISCO, CA 94104	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 108,467.65
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.112	<b>Nonpriority creditor's name and mailing address</b> R8G UK LIMITED 6 RED BARN MEWS EAST SUSSEX BATTLE, TN33 0AG UNITED KINGDOM	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 40,276.32
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.113	<b>Nonpriority creditor's name and mailing address</b> RATIONAL 360 1828 L ST. NW #640 WASHINGTON, DC 20036	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 251,736.91
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114	<b>Nonpriority creditor's name and mailing address</b> REDMOND CONSTRUCTION CORP ATTN: LISA WENINGER 319 W. ONTARIO SUITE 1 CHICAGO, IL 60654	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 248.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.115	<b>Nonpriority creditor's name and mailing address</b> RHINO NETWORK SOLUTIONS 750 LAKEVIEW WAY REDWOOD CITY, CA 94062	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 2,925.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.116	<b>Nonpriority creditor's name and mailing address</b> RICH FEUER ANDERSON 1133 CONNECTICUT AVE, NW SUITE 620 WASHINGTON, DC 20036	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 8,333.33
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Name

**Part 2: Additional Page**

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Amount of claim

3.117	<b>Nonpriority creditor's name and mailing address</b> RIGHTSIZE FACILITY MASON AWTRY, CHIEF EXECUTIVE OFFICER 4800 W. ROOSEVELT ROAD 4TH FLOOR CHICAGO, IL 60644	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 102,745.50
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.118	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345232 for the benefit of State of Delaware	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.119	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345225 for the benefit of State of Georgia	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.120	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345864 for the benefit of Commonwealth of Puerto Rico	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.121	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345257 for the benefit of State of Tennessee	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.122	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345242 for the benefit of State of District of Columbia	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.123	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345239 for the benefit of State of Alabama	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.124	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345230 for the benefit of State of Wyoming	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.125	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345863 for the benefit of State of Missouri	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.126	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345251 for the benefit of State of West Virginia	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.127	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345226 for the benefit of State of Michigan	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.128	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345258 for the benefit of Pennsylvania Department of Banking and Securities	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.129	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345253 for the benefit of State of Arkansas	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.130	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS338024 for the benefit of State of Kentucky	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345245 for the benefit of State of New Hampshire	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.132	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345259 for the benefit of Commonwealth of Virginia	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.133	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345229 for the benefit of State of Vermont	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.134	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345260 for the benefit of Financial Institutions Division of the State of Nevada	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.135	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345862 for the benefit of Superintendent of the Bureau of Consumer Credit Protection of the State of Maine	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.136	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345255 for the benefit of Nebraska Department of Banking and Finance	\$ _____ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.137	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345246 for the benefit of State if Minnesota	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.138	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345250 for the benefit of State of Utah	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.139	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345861 for the benefit of State of Illinois Department of Financial & Professional Regulation	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.140	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345240 for the benefit of State of Arizona	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.141	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345231 for the benefit of State of Vermont	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

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Amount of claim

3.142	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345256 for the benefit of State of South Carolina	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.143	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345227 for the benefit of State of North Carolina	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.144	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345254 for the benefit of State of Alaska	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.145	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345228 for the benefit of State of Rhode Island	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.146	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345234 for the benefit of State of Massachusetts	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.147	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345243 for the benefit of State of Iowa	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.148	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345248 for the benefit of Oklahoma State Banking Department and Money Transmission	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.149	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345233 for the benefit of State of South Dakota	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.150	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345241 for the benefit of State of Connecticut	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.151	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345244 for the benefit of State of Maryland	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.152	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345247 for the benefit of State of New Mexico	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.153	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345865 for the benefit of State of Wisconsin	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.154	<b>Nonpriority creditor's name and mailing address</b> RLI INSURANCE COMPANY P.O. BOX 3967 PEORIA, IL 61612	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Surety Bond #: CMS345249 for the benefit of State of Oregon	\$ Undetermined
	<b>Date or dates debt was incurred</b> Undetermined <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.155	<b>Nonpriority creditor's name and mailing address</b> ROMAN TULINOV ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 14,250.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.156	<b>Nonpriority creditor's name and mailing address</b> ROTHSTAR CONSTRUCTION, INC. 250 CATALONIA AVENUE SUITE 300 MIAMI, FL 33134	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 10,200.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.157	<b>Nonpriority creditor's name and mailing address</b> SARDINEAI CORP 382 NE 191ST ST #58243 MIAMI, FL 33179	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 40,503.39
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.158	<b>Nonpriority creditor's name and mailing address</b> SEDOR WENDLANDT EVANS AND FILIPPI 500 L STREET SUITE 500 ANCHORAGE, AK 99501	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 2,677.50
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.159	<b>Nonpriority creditor's name and mailing address</b> SENSOR TOWER 2261 MARKET STREET, #4331 SAN FRANCISCO, CA 94114	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 7,277.70
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.160	<b>Nonpriority creditor's name and mailing address</b> SHADOW LION 119 BRAINTREE STREET SUITE 210 BOSTON, MA 02134	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 225,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.161	<b>Nonpriority creditor's name and mailing address</b> SHOHEI OHTANI ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Endorsement Services Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.162	<b>Nonpriority creditor's name and mailing address</b> SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP AND AFFILIATES P.O. BOX 1764 WHITE PLAINS, NY 10602	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 56,757.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.163	<b>Nonpriority creditor's name and mailing address</b> SKYLINE CONSTRUCTION, INC. 505 SANSOME ST., 7TH FLOOR SAN FRANCISCO, CA 94111	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 44,757.99
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.164	<b>Nonpriority creditor's name and mailing address</b> SOL STORES INC. ATTN: CEO AND OFFICE OF THE GENERAL COUNSEL 548 MARKET STREET PMB 45477 SAN FRANCISCO, CA 94104	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Services Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.165	<b>Nonpriority creditor's name and mailing address</b> STATE MECHANICAL SERVICES 535 EXCHANGE CT AURORA, IL 60504	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 575.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.166	<b>Nonpriority creditor's name and mailing address</b> STEPHANIE KRIS NAVARRO ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 519.40
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.167	<b>Nonpriority creditor's name and mailing address</b> STEPHANIE MARGARET LENNOX ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 6,775.93
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.168	<b>Nonpriority creditor's name and mailing address</b> STOCKTWITS, INC. 1001 6TH AVE, 7TH FLOOR NEW YORK, NY 10018	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 341.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.169	<b>Nonpriority creditor's name and mailing address</b> TAKEDOWN MEDIA ROOM 2301, 23 F., BAYFIELD BUILDING, 99 HENNESSY ROAD HONG KONG, HONG KONG	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 15,985.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.170	<b>Nonpriority creditor's name and mailing address</b> TAS SERVICES 77 K ST. NE ROOM 1500 WASHINGTON, DC 20002	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 25,950.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.171	<b>Nonpriority creditor's name and mailing address</b> Tilbury Multi-Media Ltd Arcturus Willow Road, Whitstable Canterbury Kent CT5 3Dw UNITED KINGDOM	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Sponsorship Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.172	<b>Nonpriority creditor's name and mailing address</b> TURNER NETWORK TELEVISION PO BOX 32183 NEW YORK, NY 10087	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 595,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.173	<b>Nonpriority creditor's name and mailing address</b> TWILIO INC 101 SPEAR STREET SUITE 300 SAN FRANCISCO, CA 94105	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 178,557.63
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.174	<b>Nonpriority creditor's name and mailing address</b> TWITTER INC. GENERAL COUNSEL 1355 MARKET STREET SUITE 900 SAN FRANCISCO, CA 94103	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 188,976.23
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.175	<b>Nonpriority creditor's name and mailing address</b> VERIFI, INC 8023 BEVERLY BLVD. SUITE 1 BOX 310 LA, CA 90048-4523	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 2,321.66
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.176	<b>Nonpriority creditor's name and mailing address</b> VOSKCOIN, LLC	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 25,000.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 2: Additional Page**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.177	<b>Nonpriority creditor's name and mailing address</b> WASSERMAN MEDIA GROUP LLC ATTN: JASON BANKS 10900 WILSHIRE BLVD #1200 LOS ANGELES, CA 90024	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Master Services Agreement	\$ Undetermined
	<b>Date or dates debt was incurred</b> 11/10/22 <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.178	<b>Nonpriority creditor's name and mailing address</b> WEST REALM SHIRES INC. 167 N GREEN STREET SUITE 1102 CHICAGO, IL 60607	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Intercompany Payable - West Realm Shires Inc.	\$ 91,365,692.93
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.179	<b>Nonpriority creditor's name and mailing address</b> WILLIAM SELLENT ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 290.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.180	<b>Nonpriority creditor's name and mailing address</b> ZOLTAN BOROS ADDRESS ON FILE	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> Trade Payable	\$ 4,800.00
	<b>Date or dates debt was incurred</b> Various <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.181	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b>	\$
	<b>Date or dates debt was incurred</b> <b>Last 4 digits of account number</b>	<b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Line <input type="checkbox"/> Not listed. Explain	
4.2	Line <input type="checkbox"/> Not listed. Explain	
4.3	Line <input type="checkbox"/> Not listed. Explain	
4.4	Line <input type="checkbox"/> Not listed. Explain	
4.5	Line <input type="checkbox"/> Not listed. Explain	
4.6	Line <input type="checkbox"/> Not listed. Explain	
4.7	Line <input type="checkbox"/> Not listed. Explain	
4.8	Line <input type="checkbox"/> Not listed. Explain	
4.9	Line <input type="checkbox"/> Not listed. Explain	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1	5a.	\$	60,875.71
			+ Undetermined Amounts
5b. Total claims from Part 2	5b.	+	\$ 313,737,361.09
			+ Undetermined Amounts
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$	313,798,236.80
			+ Undetermined Amounts

**Fill in this information to identify the case and this filing:**Debtor name West Realm Shires Services Inc.United States Bankruptcy Court for the: District of DelawareCase number (If known) 22-11071 (JTD)**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets-Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ Amended Schedule E/F
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 1/23/2024  
MM / DD / YYYY

**X** /s/ Mary Cilia

Signature of individual signing on behalf of debtor

Mary Cilia

Printed name

Chief Financial Officer

Position or relationship to debtor